

ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY
State Assurance Fund
SECTION IV(A): PRIMARY PROVIDER INVOICE CHECK LIST

LUST Number: _____

For applications that include more than one primary provider, a completed checklist for each primary provider is required. Please attach all associated primary provider invoices to this checklist.

1	2	3	4	5	6	7	8
Reference Number * (REF No.)	Invoice Number	Invoice Date	Provider Name	Provider Invoiced Amount	Provider Claimed Amount	Work Period Covered by Invoice	
						Start date	End date
PRIMARY PROVIDER INVOICE INFORMATION							
Total Amount							

SUBCONTRACTOR INVOICE INFORMATION (AS RELATED TO PRIMARY INVOICES ABOVE)							

Column 1: Reference Number (REF No.)

"Ref. No." is a cross reference that is used to link primary provider invoices to subcontractor invoices and both of these to the Amount Claimed Summary Worksheet (Column 1 of the Amount Claimed Summary Worksheet). A separate Ref. No. (numbers only, no letters or punctuation) must be assigned to each primary invoice submitted.

Column 2: Invoice Number

If no invoice number can be identified, use the invoice date for this column.

NOTE: The Total Primary Invoiced Amount should equal the total amount of the primary invoice. The "Total Primary Claimed Amount" should equal only the amount being claimed for reimbursement on the primary invoice. The Total Primary Claimed Amount cannot exceed the Total Primary Invoiced Amount. The sum of all the "Total Primary Claimed Amounts" obtained from each individual primary invoice check list should equal the amount listed under item on the Provider Check List (i.e., the amount included on the certification statement).

List the Reports associated with the costs claimed on this checklist. Include the title and date of the report and indicate when it was submitted to the ADEQ LUST file, or if it is attached to this application.

Ref. No.	Report Title and date	Date to ADEQ or attached to this app.